



SECTION C: BUSINESS APPLICATION for a PARTNERSHIP

Trade and Category (Refer to category list)

1.

Name of Qualifying Agent

Social Security No.

Home Address

City

State

Zip Code

Home Telephone No.

Driver's License No.

Height

Weight

Color of Hair

Date of Birth

Place of Birth (City and State)

Business Name

Position

Business Address

City

State

Zip Code

Business Telephone No.

Business Fax No.

Email Address

2. Were you ever refused a contractor's license? NO ☐ YES ☐

What type of license? _____

Where? _____

Why were you refused? _____

3. a. Do you currently hold a certificate issued by any Florida State Board? NO ☐ YES ☐

If YES, provide Certificate No. _____ and names of the business entity you qualify (or indicate "Inactive", if appropriate).

b. Are you qualifying a business entity in this or some other county within the State of Florida?

NO ☐ YES ☐ If YES, in what county _____

In what trade? _____ Provide name of business entity _____

If applicable, provide state registration No. _____

4.

List the partners in the business

Partner

Address

Home Telephone No.

Partner

Address

Home Telephone No.

Partner

Address

Home Telephone No.

Partner

Address

Home Telephone No.

5. List all businesses owned, operated or managed by you or any partners, or in which they had any interest in the past five years with addresses.

6. Have you or any of the partners failed in business in the last five years? NO ☐ YES ☐ If YES, state details in full.

7. REFERENCES: list four references which can provide information as to your competency and financial responsibility. An employer, and architect or engineer, a supply house and a financial institution are suggested.
(NOTE: This question is restricted to tested categories only)

1.	Name	Address	Home Telephone No.
2.	Name	Address	Home Telephone No.
3.	Name	Address	Home Telephone No.
4.	Name	Address	Home Telephone No.

8. Have you or any of the partners of the partnership been convicted of a felony in the past five years in the State of Florida or elsewhere? NO ☐ YES ☐ If YES, state where and nature offense. Provide name of court and case number.

9. Are you or any of the partners presently charged with committing a felony? NO ☐ YES ☐ If YES, state where and nature of offense. Provide name of court and case number.

10. Have you or any of the Partners as an individual, or as an officer or director of a corporation or member of a business entity committed an act within the past three years which if committed or done by a licensed contractor would be grounds for suspension or revocation of such contractor's license? NO ☐ YES ☐ If YES, please explain.

11. Have any of the Partners as an individual or as an officer or director of a corporation or member of a business entity ever benefited from or caused injury to another as the result of an act within the past three years involving dishonesty, fraud, deceit, negligence or lack of integrity? NO ☐ YES ☐ If YES, please explain.

12. Have you or any member of the business entity ever had a Certificate of Competency suspended or revoked by the Florida Construction Industry Licensing Board or other state licensing authority or another municipality or county whether located in the State of Florida or another state? NO ☐ YES ☐ If YES, please explain.

The following are definitions needed in order to answer the next set of questions.

(i) If a partnership, the qualifying agent, and partners and anyone having a significant management or financial interest in the partnership.

(ii) For purpose of this rule, "responsible person" includes qualifying agent, any partner, joint venture partner, corporate officer, corporate director, trustee and stockholder controlling 25% or more in a corporation and qualifying agent.

13. Has any bonding or surety company ever completed or made a financial settlement upon any construction contract work undertaken by any person named in (i) above or any organization in which such person was a responsible person as defined in (ii) above? NO ☐ YES ☐
14. Are there now any liens, suits or judgments of record or pending against any person named in (i) above or any organization in which any such person was a responsible person as defined in (ii) above, as a result of the construction operations of such person or organization? NO ☐ YES ☐
15. Are there now any liens of record by the U.S. Internal Revenue Service or the State of Florida Corporate Tax Division against any person named in (i) above or any organization in which any such person was a responsible person as defined in (ii) above? NO ☐ YES ☐
16. Has any person named in (i) above or has any organization in which any such person was a responsible person as defined in (ii) above ever made an assignment of assets in settlement of construction obligations for less than the total amount of the indebtedness? NO ☐ YES ☐

17. Has any person named in (i) above or has any business entity in which any person was a member been convicted of acting in the capacity of a contractor without a license or if licensed as a contractor in this or any other state has any disciplinary action (including probation, fine or reprimand) ever been taken against such license by a state, county or municipality? NO ☐ YES ☐
18. Has any person in (i) above or has any business entity in which such person was a responsible person as defined in (ii) above ever been convicted of a felony within the past five years in this state or elsewhere? NO ☐ YES ☐
19. Does the Qualifying Agent have a significant management and/or financial interest in the contracting business he/she is qualifying as evidenced by his/her position as partner in the business entity? NO ☐ YES ☐ If YES, provide position _____, percentage of ownership interest _____%.

We, the undersigned partners, do hereby certify that _____ is the qualifying agent for the partnership, and he/she shall have the authority to act for the partnership in all matters connected with the contracting business; to supervise construction under the certificate of competency and occupational license issued to the partnership, and the partnership will assume full responsibility for the actions of the qualifying agent in connection therewith.

We further certify that we will notify the Construction Trades Qualifying Board (CTQB) immediately if the above named qualifying agent, severs his/her connection with the partnership. We further agree that CTQB may obtain information concerning the financial condition of the partnership from any source, including confidential information. The above is a full disclosure of all parties of interest in this application to the best of my knowledge. I am aware that we must finalize the paperwork within 180 days from the date of CTQB approval and failure to do so will result in the application becoming null and void and we will be required to pay the full application fee to refile. I am also aware that the application fee is non-refundable.

X _____
SIGNATURE OF Qualifier

PRINT NAME

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to and Subscribed before me that this is a true statement this _____ day of _____ 20_____.

My Commission Expires _____

NOTARY PUBLIC

X _____
SIGNATURE OF PARTNER

PRINT NAME

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to and Subscribed before me that this is a true statement this _____ day of _____ 20_____.

My Commission Expires _____

NOTARY PUBLIC

X _____
SIGNATURE OF PARTNER

PRINT NAME

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to and Subscribed before me that this is a true statement this _____ day of _____ 20_____.

My Commission Expires _____

NOTARY PUBLIC

X _____
SIGNATURE OF PARTNER

PRINT NAME

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to and Subscribed before me that this is a true statement this _____ day of _____ 20_____.

My Commission Expires _____

NOTARY PUBLIC